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Approved for use through 09/30/2000. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	MINSH-001A
		First Named Inventor	BILL MINSHALL
COMPLETE IF KNOWN			
		Application Number	UNKNOWN
		Filing Date	HEREWITH
		Group Art Unit	UNKNOWN
		Examiner Name	UNKNOWN

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTI-TUMOR VACCINE

the specification of which

is attached hereto
OR

was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	Certified Copy Attached
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Patent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02 attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number _____ → 007663 OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB02C attached hereto.

Direct all correspondence to: Customer Number _____
 or Bar Code Label 07663 OR Correspondence Address Below

Name					
Address					
Address					
City	State	ZIP			
Country	Telephone	Fax			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname					
BILL		MINSHALL					
Inventor's Signature					Date	10/22/01	
Residence: City	IRVINE	State	CA	Country	USA	Citizenship	US
Post Office Address	2233 MARTIN STREET #324						
Post Office Address							
City	IRVINE	State	CA	ZIP	92612	Country	US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto.							

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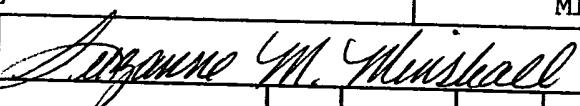
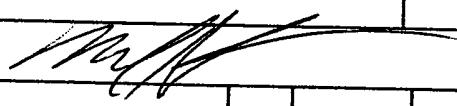
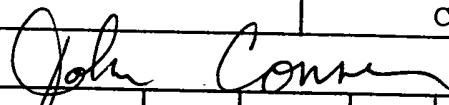
PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SUZANNE		MINSHALL					
Inventor's Signature							Date
Residence: City	IRVINE	State	CA	Country	USA	Citizenship	US
Post Office Address	2233 MARTIN STREET # 324						
Post Office Address							
City	IRVINE	State	CA	ZIP	92612	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
MICHAEL		SKOTZKO					
Inventor's Signature							Date
Residence: City	THOUSAND OAKS	State	CA	Country	USA	Citizenship	US
Post Office Address	2452 MARKHAM AVENUE						
Post Office Address							
City	THOUSAND OAKS	State	CA	ZIP	91360	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
JOHN		CONNELL					
Inventor's Signature							Date
Residence: City	SHERMAN OAKS	State	CA	Country	USA	Citizenship	US
Post Office Address	4440 SEPULVEDA BOULEVARD #203						
Post Office Address							
City	SHERMAN OAKS	State	CA	ZIP	91403	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN
Filing Date	HEREWITH
First Named Inventor	MINSHALL ET AL.
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	MINSH-001A

I hereby appoint:

Practitioners at Customer Number _____ → 007663
Attention: [attorney name]
OR
 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

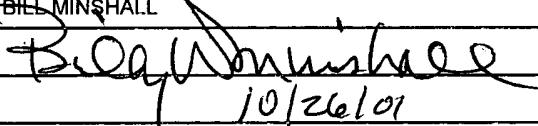
The above-mentioned Customer Number: Attention: [attorney name]
OR
 Practitioners at Customer Number _____ → Code Label here
OR

<input checked="" type="checkbox"/> Firm or Individual Name	MATTHEW A. NEWBOLES STETINA BRUNDA GARRED & BRUCKER				
Address	75 ENTERPRISE				
Address	SUITE 250				
City	ALISO VIEJO	State	CA	ZIP	92656
Country	USA				
Telephone	(949) 855-1246	Fax	(949) 855-6371		

I am the:

Applicant.
 Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE OF Applicant or Assignee of Record

Name	BILL MINSHALL
Signature	
Date	10/26/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.